



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR- 04-10345-NMG	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS FINAL ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Bank of America, N.A.		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 4161 Piedmont Parkway, Greensboro, NC 27410		
Send NOTICE OF SERVICE copy to Requester: Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office One Courthouse Way Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve notice of a copy of the attached Final Order of Forfeiture to the above named institution by certified mail, return receipt requested. DM x3673 CATS No. 05-USC-000756			
Signature of Attorney or other Originator requesting service on behalf of [X] Plaintiff		Telephone No. 617-748-3100	Date 10/4/06
SIGNATURE OF PERSON ACCEPTING PROCESS		Date	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman US Customs & Border Protection Forfeitures Specialist	
REMARKS: The above described Order was served by certified mail #7001 2510 0003 4299 5136 (copy attached). Mailed October 11, 2006. Postal records indicate delivery/receipt on October 13, 2006			

TD F 90-22.48 (6/96)



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Track & Confirm

Track & Confirm

Search Results

Label/Receipt Number: **7001 2510 0003 4299 5136**
 Status: **Delivered**

Your item was delivered at 11:33 am on October 13, 2006 in
 GREENSBORO, NC 27410.

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Enter Label/Receipt Number.

Notification Options

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bank of America, N.A.
 4161 Piedmont Parkway
 Greensboro, NC 27410

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- ☐ Yes
☐ No

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

Article Number

(Transfer from service label)

7001 2510 0003 4299 5136

Form 3811, August 2001

Domestic Return Receipt

200524010003001

102595-01-M-0381

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Bank of America, N.A.

Street, Apt. No., or PO Box No. 4161 Piedmont Parkway
 City, State, ZIP+4